

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1	4				
5		4				
6		4				
7		4				
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48		2				
49		2				
50		2				
TOTAL IND.	5					
TOTAL DEP.	58					
TOTAL CLAIMS	63					

1  
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15  
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	IND	DEP	IND	DEP	IND	DEP
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